

ROUTING SLIP FOR INVOICES

DATE March 21, 2018

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE February-2018

TO Norman

INITIAL REVIEW NS

DATE 03/22/18

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 DZ

DATE 7/4/18

POSTED TO SPREADSHEET 03/22/18

SENT TO FISCAL _____ EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? _____

COMMENTS:

4/3/18
~~Contract~~ Get explanation
from Contractor on
Totals paid for Salaries
13,620.23 and Amounts in invoice & request
Paid for Salaries w/ Subcontractors Budget and Agreement
14,375.00 - Invoice with Subcontractors
13,620.23 - Whitney Budget
755.77 - Difference

04/04/18
Complete this

Norman Shropshire

From: Norman Shropshire
Sent: Wednesday, April 04, 2018 11:40 AM
To: 'barbarat@family-values.org'
Cc: 'talishad@fvri.org'
Subject: February 2018 Invoice
Attachments: image2018-04-04-113346.zip

Good Morning,

Attached is a copy of the February 2018 invoice for your record.

Contact me if you have any questions.

Thank You

Norman Shropshire
ES Program Consultant
Dept. Of Children And Family Services
627 N. Fourth St.,5-315
Baton Rouge, LA 70802
Norman.Shropshire@la.gov
Phone (225)219-2742
Fax (225)342-2536



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.4051
(F) 225.342.2536
www.dcss.la.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

4/4/18
Date 03/22/2018

MEMORANDUM

**TO: OM&F Fiscal
Contract Payments**

FROM: Dora Thomas
Program Manager

**RE: Invoice for payment
PO # 2000234086**

Contractor Name: Family Values Resource Institute

Please find attached an invoice for payment.

If you have any questions, contact : Norman Shropshire (225) 219-2742.

Attachment



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received

MAR 21 2018

Recd

MAR 21

DCF
Economic

Family Values Resource Institute, Inc.
Contractor Name

7515 Scenic Highway
Mailing Address

Baton Rouge, LA 70807
City, State, Zip

- Barbara Thomas / 225-359-9001
Contact Person/Telephone Number

FEBRUARY 2018
Service Period

2000234086
Contract/CFMS#

FEBRUARY 2018- 234086--0218
Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,375.00	\$100,624.93	\$114,999.93	\$57,500.07	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$8,228.17	\$9,327.85	\$12,907.40	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$ 782.90	\$ 217.10	
OPERATING SERVICES	\$52,564.75	\$2,874.68	\$29,142.70	\$32,017.38	\$20,547.37	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$8,309.72	\$30,851.47	\$39,161.19	\$24,738.81	
OTHER CHARGES	\$216,000.00	\$16,600.00	\$99,800.00	\$116,400.00	\$99,600.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$43,259.08	\$270,430.17	\$313,689.25	\$215,510.75	\$ 0.00

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Barbara Thomas
Signature of Authorized Contractor Representative and Title

3/15/18
Date

FOR DCFS USE ONLY

DCFS Invoice Number	Org	Obj	Rep Cat	Sub Obj	ACTV
	4274	3740	5071	Line 2	
Program Compliance Approval	Org	Obj	Rep Cat	Sub Obj	ACTV
I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.					
<u>Debra Thomas Program Manager</u> Signature and Title of Authorized DCFS Official					
<u>4/4/18</u> Date					

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist

100%

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS						
Allison Davis 17232 Jefferson Highway Apt # 417 Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 37 Home Department: 100 Staff Bi-weekly Pay Period: 02/01/18 to 02/15/18 Check Date: 02/15/18 Check #: 6786			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)	
			Fvri			1041.66		1041.66	
			LAL Hours					2083.33	
			Total Hours						
			Gross Earnings			1041.66		3124.99	
			Total Hrs Worked						
NET PAY ALLOCATIONS			WITHHOLDINGS						
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)	
Check Amount	0.00	0.00	Social Security			64.58		193.75	
Chkg 3799	911.01	2733.02	Medicare			15.10		45.31	
NET PAY	911.01	2733.02	LA Income Tax	S 2 1		25.00		75.00	
			TOTAL			104.68		314.06	
			DEDUCTIONS						
			DESCRIPTION			THIS PERIOD (\$)		YTD (\$)	
			STD Post-Tax			25.97		77.91	
			TOTAL			25.97		77.91	
			NET PAY			911.01		2733.02	

Salary:

Stub 1 1041.66

Stub 2 1041.67

\$ 2083.33

77
grant amt.

Fringe:

2083.33

X 7.65%

\$ 159.37

77
grant amt.

1041.66 +

1041.67 +

2083.33 x

7.65 %

159.37 +

Salary -

Fringe -

DEPARTMENT OF Children and Family Services
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM

Alternatives to Abortion

CONTRACTOR: Family Values Resource
Institute, Inc.
ADDRESS: 7515 Scenic Hwy.

Baton Rouge, LA 70807

MONTH AND YEAR OF
SERVICE:

CFMS: 2000234086

Rep. Cat. 5071
Org. 4274

CONTACT PERSON: Barbara Thomas

PH

FEBRUARY

Total Salary

COST REIMBURSEMENT: Personnel Services

Staff:	Project Director	\$ 3,750.00 ✓
	Project Adm.	\$ 2,333.34
	Educ. Specialist	\$ 2,083.33
	Compliance Coordinator	\$ 2,041.67
	Data Entry Specialist	\$ 2,083.33
	Client Svcs. Coord./Care Provider	\$ 2,083.33
	Fringes	\$ 1,099.68

SUBTOTAL \$ 15,474.68

Total Fringe

OTHER EXPENSES:

Rent	\$ 1,200.00
Utilities	\$ 0.00
Printing	\$ 0.00
Copier Lease	\$ 196.90
Travel	\$ 0.00
Postage	\$ 13.45
Office Supplies	\$ 0.00
Service Provider Trn.	\$ 0.00
Telephone	\$ 250.00
Internet	\$ 75.00
Online Client Database	\$ 140.00
Accounting/Bookkeeping Services	\$ 2,609.72
Subcontractors	\$ 16,600.00



Page: 1 of 3
Statements Dates
02/01/2018 - 02/28/2018
Account Number:
16840000
Images:
3
* IMAGE * E0

Return Service Requested
1 110000 003
FAMILY VALUES RESOURCE INSTITUTE INC
RESTRICTED FUNDS
P O BOX 74403
BATON ROUGE LA 70874

WE'RE READY TO LEND WITH GREAT RATES ON PERSONAL LOANS.
TO APPLY CALL 1-800-965-LOAN. NORMAL CREDIT CRITERIA APPLY.

***** CHECKING ACCOUNT SUMMARY *****

Checking Account Summary

PREVIOUS BALANCE	AVERAGE BALANCE
+ 4 CREDITS	
- 16 DEBITS	YTD INTEREST PAID
- SERVICE CHARGES	
+ INTEREST PAID	
ENDING BALANCE	

***** CHECKING ACCOUNT TRANSACTIONS *****

● Deposits and Other Credits

Date	Amount	Description	Date	Amount	Description
------	--------	-------------	------	--------	-------------



● Checks

Date	Serial	Amount	Date	Serial	Amount
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● Other Debits

Date	Amount	Description	Date	Amount	Description
------	--------	-------------	------	--------	-------------

2/15
payroll
↓

02/14	6,810.10	PAYROLL	PAYCHEX INC.
			018044002131598CCD
02/27	6,810.13	PAYROLL	PAYCHEX INC.

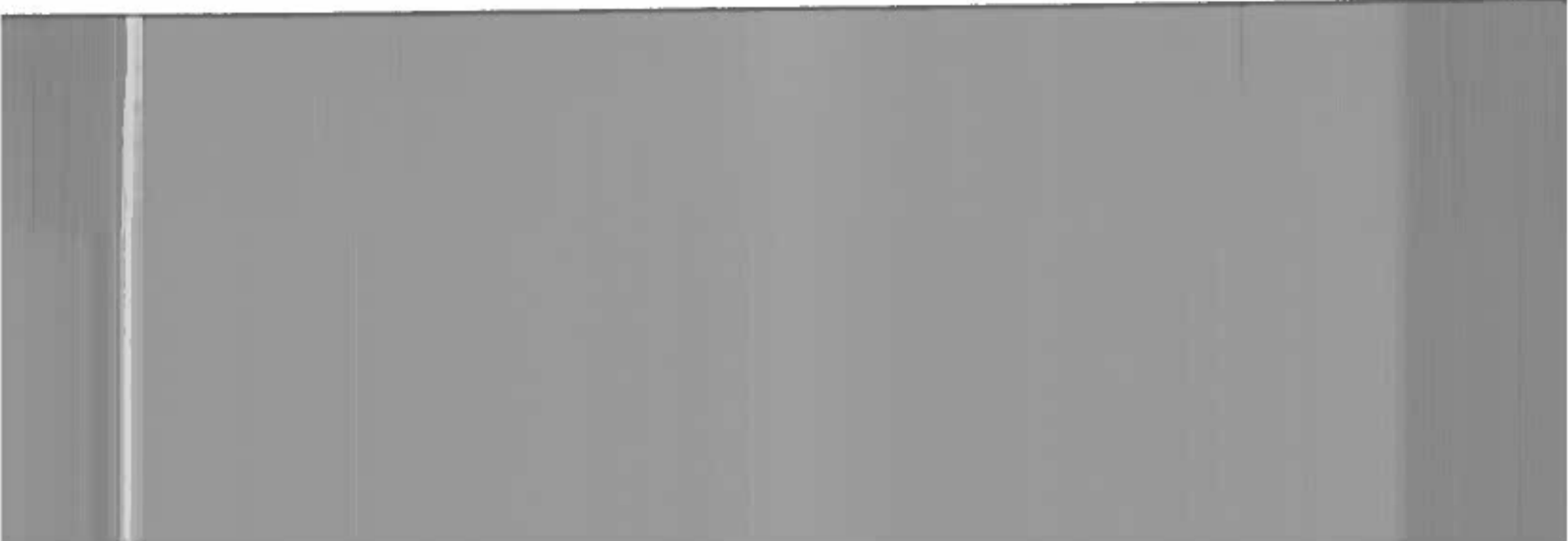
payroll ↑
2/28

Fringe Profit of Payment - Month of February 2018




Transactions Details

Posting Date	03/15/2018
Transaction Date	03/15/2018
Description	IRS
Transaction Type	Debit
Amount	\$3,562.53
Balance	



Proof of Payment for Month of Feb. 2018



Electronic Federal Tax Payment System

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MAKE A TAX PAYMENT

CANCEL A TAX PAYMENT

CHECK PAYMENT HISTORY

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

Payment Details ⓘ

Your payment details are listed below. The highlighted 8 digits of the EFT Acknowledgement Number represent your trace number.

Payment Information	Entered Data	
Taxpayer EIN	xxxxx5039	?
EFT Number (Acknowledgement Number)	270847451433579	?
Cancellation EFT (Acknowledgement Number)		?
Tax Form	941 Employers Federal Tax	?
Tax Type	Federal Tax Deposit	?
Tax Period	Q1/2018	?
Total Payment Amount	\$3,562.53	?
Payment Input Method	Web	?
Settlement Date	2018-03-15	?
ACH Trace Number	061036010027777	?
Payment Status	Settled	?
Original EFT (Acknowledgement Number)	270847451433579	?
Transaction Type	ACH Debit Payment-DDA	?
Received Date	2018-03-12	?
Received Time (ET)	17:01:15	?
Cancellation Date		?

◀ PREVIOUS

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BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Project Director
90%

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS						
Barbara J Thomas 7081 Modesto Ave Baton Rouge, LA 70811 Soc Sec #: xxx-xx-xxxx Employee ID: 11			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)	
Home Department: 100 Staff Bi-weekly			Fvri			208.34		625.02	
Pay Period: 02/01/18 to 02/15/18			LAL Hours			1875.00		5625.00	
Check Date: 02/15/18 Check #: 6790			Total Hours						
NET PAY ALLOCATIONS			Gross Earnings			2083.34		6250.02	
			Total Hrs Worked						
			WITHHOLDINGS		DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)	
DESCRIPTION THIS PERIOD (\$) YTD (\$)					Social Security		129.17	387.50	
Check Amount 0.00 0.00					Medicare		30.21	90.63	
Chkg 0016 1655.33 4927.36					Fed Income Tax	M 1	155.63	505.53	
NET PAY 1655.33 4927.36					LA Income Tax	S 0 1	65.00	195.00	
					TOTAL		380.01	1178.66	
			DEDUCTIONS		DESCRIPTION		THIS PERIOD (\$)	YTD (\$)	
					STD Post-Tax				
					TOTAL				

Salary

Stub 1 2083.34

Stub 2 2083.34

4166.68

X 90%

3,750.00

Grant amt

Fringe

3750.00

X 7.65%

286.88

Grant amt.

Sal. - 3,750.01 +

3,750.01 x

7.65 %

286.88 +

Fringe

NET PAY	THIS PERIOD (\$) 1655.33	YTD (\$) 4927.36
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FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 11 DD

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Project Director
90%

Stub 2

PERSONAL AND CHECK INFORMATION		
Barbara J Thomas 7081 Modesto Ave Baton Rouge, LA 70811 Soc Sec #: xxx-xx-xxxx Employee ID: 11		
Home Department: 100 Staff Bi-weekly		
Pay Period: 02/16/18 to 02/28/18 Check Date: 02/28/18 Check #: 6797		
NET PAY ALLOCATIONS		
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1655.34	6582.70
NET PAY	1655.34	6582.70

EARNINGS		DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
		Fvri			208.34		833.36
		LAL Hours			1875.00		7500.00
		Total Hours					
		Gross Earnings			2083.34		8333.36
		Total Hrs Worked					
WITHHOLDINGS		DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
		Social Security			129.17		516.67
		Medicare			30.20		120.83
		Fed Income Tax	M 1		155.63		661.16
		LA Income Tax	S 0 1		65.00		260.00
		TOTAL			380.00		1558.66
DEDUCTIONS		DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
		STD Post-Tax			48.00		192.00
		TOTAL			48.00		192.00

See Stub 1 for calculations

NET PAY	THIS PERIOD (\$) 1655.34	YTD (\$) 6582.70
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MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Project Administrator
80%

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS				
Michael A Ferris 17714 Nine Oaks Ave Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 5 Home Department: 100 Staff Bi-weekly Pay Period: 02/01/18 to 02/15/18 Check Date: 02/15/18 Check #: 6788			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
NET PAY ALLOCATIONS							YTD (\$)
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)					
Check Amount	0.00	0.00	Fvri			291.67	875.01
Chkg 1002	1199.39	3573.74	LAL Hours			1166.67	3500.01
NET PAY	1199.39	3573.74	Total Hours				
			Gross Earnings			1458.34	4375.02
			Total Hrs Worked				
			WITHHOLDINGS				
			DESCRIPTION	FILING STATUS		THIS PERIOD (\$)	YTD (\$)
			Social Security			90.42	271.25
			Medicare			21.15	63.44
			Fed Income Tax	M 0		101.38	328.59
			LA Income Tax	S 0 0		46.00	138.00
			TOTAL			258.95	801.28
NET PAY			THIS PERIOD (\$)				
			1199.39				
			YTD (\$)				
			3573.74				

Salary:

Stub 1 1458.34

Stub 2 1458.34

2916.68

X 80%

\$ 2,333.34

71

grant amt.

Fringe:

2333.34

X 7.65%

\$ 178.50

grant amt.

1,458.34 +

1,458.34 +

2,916.68 X

100% X

2,916.68 +

Salary

2,333.34 X

7.65% X

178.50 +

Fringe

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Project Administrator
80%

Stub 2

PERSONAL AND CHECK INFORMATION			EARNINGS						
Michael A Ferris 17714 Nine Oaks Ave Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 5 Home Department: 100 Staff Bi-weekly Pay Period: 02/16/18 to 02/28/18 Check Date: 02/28/18 Check #: 6795			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)	
			Fvri			291.67		1166.68	
			LAL Hours			1166.67		4666.68	
			Total Hours						
			Gross Earnings			1458.34		5833.36	
			Total Hrs Worked						
NET PAY ALLOCATIONS			WITHHOLDINGS						
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)	
Check Amount	0.00	0.00	Social Security			90.42		361.67	
Chkg 1002	1199.40	4773.14	Medicare			21.14		84.58	
NET PAY	1199.40	4773.14	Fed Income Tax	M 0		101.38		429.97	
			LA Income Tax	S 0 0		46.00		184.00	
			TOTAL			258.94		1060.22	
			NET PAY			THIS PERIOD (\$)		YTD (\$)	
						1199.40		4773.14	

See stub 1
for calculations

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 37 DD

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist
100%

Stub 2

PERSONAL AND CHECK INFORMATION		
Allison Davis 17232 Jefferson Highway Apt # 417 Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 37		
Home Department: 100 Staff Bi-weekly		
Pay Period: 02/16/18 to 02/28/18 Check Date: 02/28/18 Check #: 6793		
NET PAY ALLOCATIONS		
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	<u>911.01</u>	<u>3644.03</u>
NET PAY	911.01	3644.03

EARNINGS		DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
		Fvri					1041.66
		LAL Hours			<u>1041.67</u>		<u>3125.00</u>
		Total Hours					
		Gross Earnings			1041.67		4166.66
		Total Hrs Worked					
WITHHOLDINGS		DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
		Social Security			64.58		258.33
		Medicare			15.11		60.42
		LA Income Tax	S 2 1		25.00		100.00
		TOTAL			<u>104.69</u>		<u>418.75</u>
DEDUCTIONS		DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
		STD Post-Tax			25.97		103.88
		TOTAL			<u>25.97</u>		<u>103.88</u>

See Stub 1
for calculations

NET PAY	THIS PERIOD (\$) 911.01	YTD (\$) 3644.03
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TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Compliance Coord.
70%

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS				
Talisha Davis 3829 North Yosemite Drive Baton Rouge, LA 70814 Soc Sec #: xxx-xx-xxxx Employee ID: 4 Home Department: 100 Staff Bi-weekly Pay Period: 02/01/18 to 02/15/18 Check Date: 02/15/18 Check #: 6787			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
NET PAY ALLOCATIONS			WITHHOLDINGS				
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00	Social Security			90.42	271.25
Chkg 0014	1154.34	3450.14	Medicare			21.15	63.44
NET PAY	1154.34	3450.14	Fed Income Tax	M 2		63.13	202.30
			LA Income Tax	M 0 2		30.00	90.00
			TOTAL			204.70	626.99
			DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)	YTD (\$)
				STD Post-Tax		99.29	297.87
				TOTAL		99.29	297.87
			NET PAY			THIS PERIOD (\$)	YTD (\$)
						1154.34	3450.14

Salary:

Stub 1 : 1458.33

Stub 2 : 1458.34

2916.67

X 70%

2041.67

↑

Grant Amt.

Fringe:

2041.67

X 7.65%

156.19

↑

Grant amt.

1,458.33 +

1,458.34 +

2,916.67 X

70% =

2,041.67 +

2,041.67 X

7.65% =

156.19 +

2,197.86

2,197.86

Salary

Fringe

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Compliance Coord.
70%

Stub 2

PERSONAL AND CHECK INFORMATION			EARNINGS				YTD (\$)	
Talisha Davis			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
3829 North Yosemite Drive			Fvri			437.50		1750.00
Baton Rouge, LA 70814			LAL Hours			1020.84		4083.34
Soc Sec #: xxx-xx-xxxx Employee ID: 4			Total Hours					
			Gross Earnings			1458.34		5833.34
Home Department: 100 Staff Bi-weekly			Total Hrs Worked					
Pay Period: 02/16/18 to 02/28/18								
Check Date: 02/28/18 Check #: 6794								
NET PAY ALLOCATIONS			WITHHOLDINGS		THIS PERIOD (\$)		YTD (\$)	
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	DESCRIPTION	FILING STATUS				
Check Amount	0.00	0.00	Social Security			90.42		361.67
Chkg 0014	1154.36	4604.50	Medicare			21.14		84.58
NET PAY	1154.36	4604.50	Fed Income Tax	M 2		63.13		265.43
			LA Income Tax	M 0 2		30.00		120.00
			TOTAL			204.69		831.68
			DEDUCTIONS		THIS PERIOD (\$)		YTD (\$)	
			STD Post-Tax			99.29		397.16
			TOTAL			99.29		397.16
<div>See Stub 1 for calculations</div>								
NET PAY						THIS PERIOD (\$) 1154.36	YTD (\$) 4604.50	

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry
100%

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS					YTD (\$)	
Patricia A Brown 6555 E Monarch Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 35 Home Department: 100 Staff Bi-weekly Pay Period: 02/01/18 to 02/15/18 Check Date: 02/15/18 Check #: 6785			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)	
			Fvri			1041.66		1041.66	
			LAL Hours					1041.66	
			Total Hours					2083.33	
			Gross Earnings			1041.66		3124.99	
			Total Hrs Worked						
NET PAY ALLOCATIONS			WITHHOLDINGS		FILING STATUS		THIS PERIOD (\$)		YTD (\$)
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)							
Check Amount	0.00	0.00							
Chkg 0017	821.45	2445.02							
NET PAY	821.45	2445.02							
			DESCRIPTION	FILING STATUS			THIS PERIOD (\$)		YTD (\$)
			Social Security				64.58		193.75
			Medicare				15.10		45.31
			Fed Income Tax	S 1			77.81		252.75
			LA Income Tax	S 0 1			26.00		78.00
			TOTAL				183.49		569.81
DEDUCTIONS							THIS PERIOD (\$)		YTD (\$)
							STD Post-Tax		36.72
							TOTAL		36.72
									110.16
									110.16

Salary:

Stub 1 : 1041.66

Stub 2 : 1041.67

\$ 2083.33

↑

Grant amt.

Fringe:

2083.33

x 7.65%

\$ 159.37

↑

Grant amount

Salary

1,041.66 +

1,041.67 +

2,083.33 x

7.65 %

159.37 +

Fringe

NET PAY	THIS PERIOD (\$) 821.45	YTD (\$) 2445.02
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FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTEINC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 35 DD

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry
100%

Stub 2

PERSONAL AND CHECK INFORMATION		
Patricia A Brown 6555 E Monarch Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 35		
Home Department: 100 Staff Bi-weekly		
Pay Period: 02/16/18 to 02/28/18 Check Date: 02/28/18 Check #: 6792		
NET PAY ALLOCATIONS		
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	821.45	3266.47
NET PAY	821.45	3266.47

EARNINGS		DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
		Fvri					1041.66
		LAL Hours			1041.67		3125.00
		Total Hours					
		Gross Earnings			1041.67		4166.66
		Total Hrs Worked					
WITHHOLDINGS		DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
		Social Security			64.58		258.33
		Medicare			15.11		60.42
		Fed Income Tax	S 1		77.81		330.56
		LA Income Tax	S 0 1		26.00		104.00
		TOTAL			183.50		753.31
DEDUCTIONS		DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
		STD Post-Tax			36.72		146.88
		TOTAL			36.72		146.88

See Stub 1
for calculations

NET PAY	THIS PERIOD (\$) 821.45	YTD (\$) 3266.47
---------	----------------------------	---------------------

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

Client Services
Coord.
100%

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS				
Shirley Walker 6230 Maplewood Drive Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 12 Home Department: 100 Staff Bi-weekly Pay Period: 02/01/18 to 02/15/18 Check Date: 02/15/18 Check #: 6791			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
NET PAY ALLOCATIONS							YTD (\$)
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)					
Check Amount	0.00	0.00					
Chkg 2191	823.95	2452.52					
NET PAY	823.95	2452.52					
			WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
				Social Security		64.58	193.75
				Medicare		15.10	45.31
				Fed Income Tax	S 1 +\$21.20	99.01	316.35
				LA Income Tax	S 0 1	26.00	78.00
				TOTAL		204.69	633.41
			DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)	YTD (\$)
				STD Post-Tax		13.02	39.06
				TOTAL		13.02	39.06
			NET PAY			THIS PERIOD (\$) 823.95	YTD (\$) 2452.52

Salary:

Stub 1: 1041.66

Stub 2: 104.67

\$2083.33

71

grant
amt.

Fringe:

2083.33

X 7.65%

\$159.37

71

grant amt.

1,041.66 +

1,041.67 +

2,083.33 X

7.65 %

159.37 +

Salary

Fringe

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 12 DD

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

Client Services
Coord.

Stub 2

PERSONAL AND CHECK INFORMATION		
Shirley Walker 6230 Maplewood Drive Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 12		
Home Department: 100 Staff Bi-weekly		
Pay Period: 02/16/18 to 02/28/18		
Check Date: 02/28/18 Check #: 6798		
NET PAY ALLOCATIONS		
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	823.95	3276.47
NET PAY	823.95	3276.47

EARNINGS		DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
		LAL Hours			1041.67		4166.66
		Total Hours					4166.66
		Gross Earnings			1041.67		4166.66
		Total Hrs Worked					
WITHHOLDINGS		DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
		Social Security			64.58		258.33
		Medicare			15.11		60.42
		Fed Income Tax	S 1 +\$21.20		99.01		415.36
		LA Income Tax	S 0 1		26.00		104.00
		TOTAL			204.70		838.11
DEDUCTIONS		DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
		STD Post-Tax			13.02		52.08
		TOTAL			13.02		52.08

See Stub 1
for calculations

NET PAY	THIS PERIOD (\$) 823.95	YTD (\$) 3276.47
---------	----------------------------	---------------------



FVRI

FAMILY VALUES RESOURCE INSTITUTE, INC

P.O. Box 74403
Baton Rouge, LA 70874
225-355-2725 Office 225-355-2742 Fax
www.FVRI.org

INVOICE

INVOICE #: 201802

INVOICE DATE: 2/1/2018

Billed To: Louisiana Alliance For Life

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated in the budget narrative.	1,200.00
<div>Total Operating Services Rent - 1,200.00 + Copier lease - 105.90 + Postage - 13.45 + Telephone - 250.00 + Internet - 75.00 + Total Client Online - 140.00 + Data Base - 157.00 + Maintenance/Janitor - 140.00 + Electronic Payroll - 240.00 + Transaction Fee - 2,371.00 Total 2,371.00</div>	
TOTAL	\$ 1,200.00

Rent




Transactions Details

Posting Date	03/12/2018
Transaction Date	03/12/2018
Description	DDA CHECK 0000001608
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

Back



FAMILY VALUES RESOURCE INSTITUTE INC.
DBA LOUISIANA ALLIANCE FOR LIFE
PO BOX 74403 PH. 225-359-9001
BATON ROUGE, LA 70874-4403

WHITNEY BANK
Member FDIC / whitneybank.com

1608
84-19254

3/12/2018

PAY TO THE ORDER OF

Family Values Resource Institute, Inc


\$ 1,200.00

One Thousand Two Hundred and 00/100

DOLLARS

Family Values Resource Institute, Inc
7515 Scenic Highway
Baton Rouge, LA 70807

MEMO
LAL Rent for February 2018


AUTHORIZED SIGNATURE

⑈001608⑈ ⑈065400153⑈

Details on Back.

Security Features Included

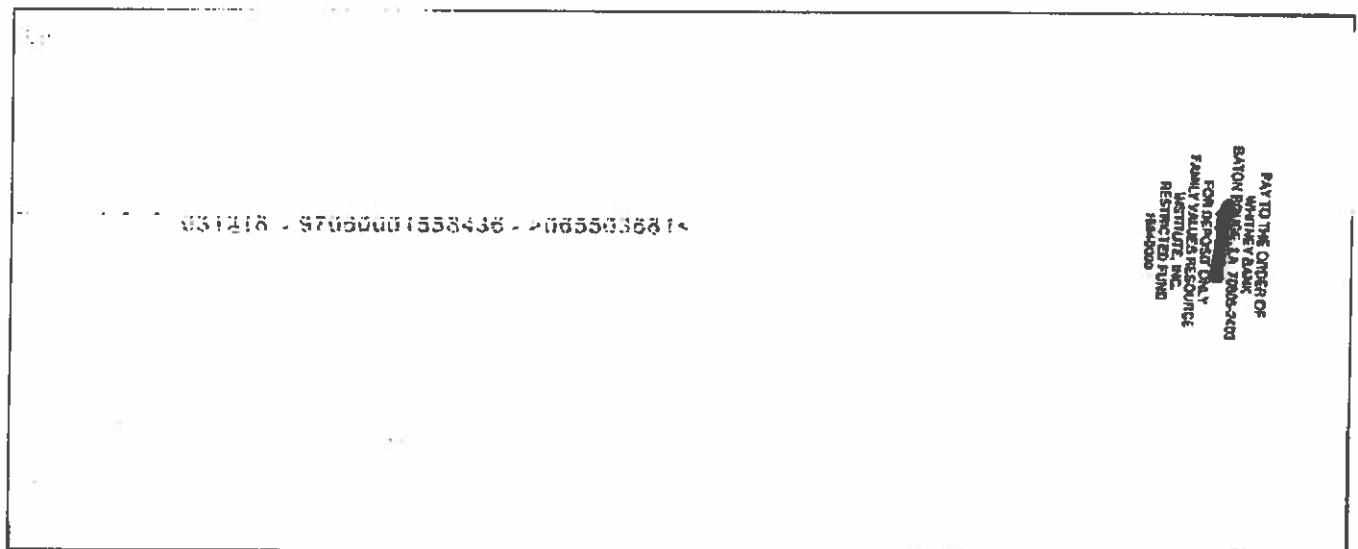


Transactions Details

Posting Date	03/12/2018
Transaction Date	03/12/2018
Description	DDA CHECK 0000001608
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

Back



Postage \$13.45

ISTROUMA
5200 LONGFELLOW DR
BATON ROUGE
LA
70805-2711
2106300966
02/15/2018 (800)275-8777 1:04 PM

Product Description	Sale Qty	Final Price
PM 1-Day (Domestic) (BATON ROUGE, LA 70804) (Weight:1 Lb 5.50 Oz) (Expected Delivery Date) (Friday 02/16/2018)	1	\$7.25
Certified (®®USPS Certified Mail #) (7017145000032253198)	1	\$3.45
Return Receipt (®®USPS Return Receipt #) (9590940216096053111946)	1	\$2.75

Total \$13.45

Debit Card Remit'd \$13.45
(Card Name:Debit Card)
(Account #:XXXXXXXXXX9477)
(Approval #:
(Transaction #:675)
(Receipt #:005231)
(Debit Card Purchase:\$13.45)
(Cash Back:\$0.00)

Includes up to \$50 insurance

Text your tracking number to 28777
(2USPS) to get the latest status.
Standard Message and Data rates may
apply. You may also visit USPS.com
USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of
insurance. For information on filing
an insurance claim go to
<https://www.usps.com/help/claims.htm>.

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

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POSTAL EXPERIENCE

Go to:

<https://postalexperience.com/Pos>

840-5700-0284-001-00008-66339-02

or scan this code with
your mobile device:



or call 1-800-410-7420.

YOUR OPINION COUNTS



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 58145791
Due Date: 03/01/2018
Due This Period: \$218.98

Amount Enclosed: \$

Copier Lease \$196.90
Please make check payable to:

2038055279 PRESORT 55279 1 AB 0.405 P1C214
FAMILY VALUES RESOURCE INSTITUTE INC

ATTN AP
PO BOX 74403
BATON ROUGE LA 70874-4403

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

2100000581457910000218981

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25411981
Invoice Number: 58145791
Account Number: 1053937
Site Number: 3849724
Invoice Date: 02/10/2018
Period of Performance: 02/01/2018-02/28/2018
Due This Period: \$218.98

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY011000108		KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90

J. H. MORGAN, JR. & CO.


Post date: 03/02/2018

Amount: \$ 218.98

5003

FAMILY VALUES RESOURCE INSTITUTE, INC

Serving Families for Over 20 Years
1001 N. 17th St., Suite 200
Baton Rouge, LA 70804
225-359-9001

CHASE 

Phyllis Chase Bank, N.A.
Member FDIC
www.chase.com
841.13/634

1/28/2018

PAY TO THE ORDER OF De Lage Landen Financial Services, Inc

TWO HUNDRED EIGHTEEN AND 98/100*****

\$ **218.98

DOLLARS

De Lage Landen Financial Services, Inc
PO Box 41602
Philadelphia, PA 19101-1602

Phyllis Chase
AUTHORIZED SIGNATURE

MEMO

Money orders cannot be cashed at this location.

Copy Lease

1994

① ENDORSE HERE
 20180602
 023597
☐ CHECK HERE AFTER MOBILE OR REMOTE DEPOSIT
 DATE _____
 DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
 ACCEPTED FOR FINANCIAL INSTITUTION USE



(NOT FOR PAYMENTS)
DEPARTMENT # 102430
PO BOX 1259
OAKS, PA 19456
6400 0210 NO RP 05 02062018 NNNNNNNY 01 000916 0004



FAMILY VALUES RESOURCE INSTITUTE
INC
7515 SCENIC HWY
BATON ROUGE LA 70807-5447

February 05, 2018

CONTACT US: www.coxbusiness.com
 866-272-5777

Account Number **001 5711 071045903**
COX PIN 7515
SERVICE ADDRESS 7515 SCENIC HWY
BATON ROUGE, LA 70807-5447

**ACCOUNT SUMMARY as of Feb 5, 2018**

Previous Balance	\$702.83
Payment Received - Jan 29	-\$572.83
Service Call Jan 22	-\$143.00
Remaining Previous Balance	-\$13.00
New Charges: Feb 5, 2018 - Mar 4, 2018	
TV	\$79.99
Internet	\$115.00
Telephone	\$264.75
Cox Toll Free	\$5.00
Usage Charges(Phone)	\$0.41
Taxes, Fees and Surcharges	\$81.08
New Charges	\$546.23
Total Due By Feb 27, 2018	\$533.23

Telephone \$250.00

Internet \$75.00

**Make Your Life Easier and GO GREEN!**

With **EasyPay**, pay your monthly Cox bill automatically from your bank or credit card account. Add **Paperless Billing** and you get rid of paper bills and can access your account *online* any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount!

February 05, 2018 bill for FAMILY VALUES RESOURCE INSTITUTE
Account Number **001 5711 071045903**
Service at 7515 SCENIC HWY
BATON ROUGE, LA 70807-5447

Total Due By Feb 27, 2018 **\$533.23**

COX BUSINESS
PO BOX 919243
DALLAS TX 75391-9243



05711001182071045903020053323

MONTHLY SERVICES Feb 5 - Mar 4

TV

Digital Adapter	\$1.99
Cox Business TV Starter (qty 2)	20.00
Business TV Essential (qty 2)	38.00
Cox Business Advanced TV	4.00
Business TV DVR/HD Advanced Receiver	8.50

Other Fees and Surcharges

Regional Sports Surcharge	\$3.50
Broadcast Surcharge	4.00

Total TV \$79.99

INTERNET

CBI 100 - 100 Mbps x 20 Mbps	\$115.00
------------------------------	----------

Total Internet \$115.00

TELEPHONE

225-355-2725	
VoiceManager Flat Rated Local Line	\$25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
Business VoiceManager Group	0.00
Hunting	
Individual Voice Mailbox	0.00
VoiceManager Office Package	0.00
225-355-2333	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

Monthly Services cont.

225-356-1101	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-357-6822	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-357-6880	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-359-9001	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00
225-355-2742	
VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



Monthly Services cont.	
VoiceManager Utility Line	0.00
Total Telephone	\$264.75
COX TOLL FREE	
855-696-2333	
Cox Toll Free Svc - Switched	\$5.00
Total Cox Toll Free	\$5.00
TOTAL MONTHLY SERVICES	\$464.74

USAGE CHARGES

Telephone Usage	
Usage for 225-355-2725	
Intrastate Long Distance (qty 3)	\$0.00
Interstate Cox LD - CB	0.00
Usage for 225-356-1101	
Intrastate Long Distance	0.00
Interstate Cox LD - CB	0.00
Usage for 225-357-6822	
Interstate Cox LD - CB	0.00
Usage for 225-357-6880	
Intrastate Long Distance (qty 2)	0.00
Interstate Cox LD - CB	0.00
Usage for 225-359-9001	
Intrastate Long Distance (qty 7)	0.00
Interstate Cox LD - CB (qty 2)	0.00
Usage for 225-355-2742	
Intrastate Long Distance	0.00
Interstate Cox LD - CB (qty 2)	0.00
Total Telephone Usage	\$0.00
Toll Free Usage	
Usage for 855-696-2333	
Interstate Toll Free - CB	\$0.03
Intrastate Toll Free - CB (qty 4)	0.38
Total Toll Free Usage	\$0.41
TOTAL USAGE CHARGES	\$0.41

TAXES, FEES AND SURCHARGES

TV and/or Internet Taxes and Fees	
FCC Fee	\$0.08
Franchise Fee	4.38
PEG Access Fee	0.46
Total TV and/or Internet Taxes and Fees	\$4.92
Telephone Taxes, Fees and Surcharges	
Taxes	
Federal Excise Tax	\$7.55
Interstate Telecomm Services	0.16
E-911 Tax (Commercial)	10.50
State Sales Tax	10.74
Total Taxes	\$28.95
Fees and Surcharges	
Access Recovery Fee - Multi-Line	\$10.00

Taxes, Fees and Surcharges cont.	
Public Utility Excise Tax	11.99
Telecommunications Tax for the Deaf	0.28
Carrier Cost Recovery Fee	0.67
Louisiana Universal Service Fund	4.88
Federal Universal Service Fund	19.39
Total Fees and Surcharges	\$47.21
Total Telephone Taxes, Fees and Surcharges	\$76.16

TOTAL TAXES, FEES AND SURCHARGES	\$81.08
TOTAL NEW CHARGES	\$546.23

TELEPHONE USAGE DETAILS for 225-355-2725

Intrastate Long Distance					
Time	Place	Number	Min: Sec	Rate/Time	Amt
Jan 5					
09:24A	ALEXANDRI ,LA	318-314-3066	:48	DD/D	0.0000
Jan 10					
08:33A	THIBODAUX,LA	985-446-5004	1:18	DD/D	0.0000
11:01A	MONROE ,LA	318-605-7636	1:12	DD/D	0.0000
Total Intrastate Long Distance			3:18		\$0.00

Interstate Long Distance					
Time	Place	Number	Min: Sec	Rate/Time	Amt
Jan 19					
08:03A	MILWAUKEE,WI	414-856-1911	:42	DD/D	0.0000
Total Interstate Long Distance			:42		\$0.00

TELEPHONE USAGE DETAILS for 225-356-1101

Intrastate Long Distance					
Time	Place	Number	Min: Sec	Rate/Time	Amt
Jan 9					
12:48P	ALEXANDRI ,LA	318-314-3064	:36	DD/D	0.0000
Total Intrastate Long Distance			:36		\$0.00
Interstate Long Distance					
Time	Place	Number	Min: Sec	Rate/Time	Amt
Jan 5					
09:06A	SANBARBAR,CA	805-456-5135	1:00	DD/D	0.0000
Total Interstate Long Distance			1:00		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6822

Interstate Long Distance					
Time	Place	Number	Min: Sec	Rate/Time	Amt
Jan 31					
10:08A	FOREST ,IL	708-834-3639	:30	DD/D	0.0000
Total Interstate Long Distance			:30		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6880

Intrastate Long Distance					
Time	Place	Number	Min: Sec	Rate/Time	Amt
Jan 9					
10:46A	NEWORLEA ,LA	504-605-9206	:06	DD/D	0.0000
Jan 22					

Telephone Usage Details cont.

09:12A	NEWORLEA ,LA	504-605-9206	:06	DD/D	0.0000
Total Intrastate Long Distance			:12		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Jan 9					
10:40A	FOREST ,IL	708-834-3639	1:12	DD/D	0.0000
Total Interstate Long Distance			1:12		\$0.00

TELEPHONE USAGE DETAILS for 225-359-9001

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Jan 8					
09:41A	STFRNCISVL ,LA	225-635-5486	:18	DD/D	0.0000
09:42A	STFRNCISVL ,LA	225-635-5422	:12	DD/D	0.0000
01:23P	STFRNCISVL ,LA	225-635-5486	3:18	DD/D	0.0000
Jan 10					
01:31P	NEWORLEA ,LA	504-563-1717	1:54	DD/D	0.0000
Jan 23					
10:41A	NEWORLEA ,LA	504-452-4185	1:00	DD/D	0.0000
11:29A	NEWORLEA ,LA	504-210-5728	:42	DD/D	0.0000
Jan 29					
01:51P	NEWORLEA ,LA	504-210-5728	:42	DD/D	0.0000
Total Intrastate Long Distance			8:06		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Jan 16					
10:17A	OKLD ALMD,CA	510-239-5169	:24	DD/D	0.0000
Jan 29					
01:54P	PENSACOLA,FL	850-516-7726	:42	DD/D	0.0000
Total Interstate Long Distance			1:06		\$0.00

TELEPHONE USAGE DETAILS for 225-355-2742

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Jan 31					
11:54A	PONCHATO ,LA	985-386-2537	1:18	DD/D	0.0000
Total Intrastate Long Distance			1:18		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Jan 19					
08:08A	TULSA ,OK	918-526-1442	1:54	DD/D	0.0000
Jan 30					
01:53P	ELIZABETH ,PA	412-387-1348	3:00	DD/D	0.0000
Total Interstate Long Distance			4:54		\$0.00

TELEPHONE USAGE DETAILS for 855-696-2333

Intrastate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Jan 18					
01:40P	BLUFFTON ,SC	843-706-7940	:30	DD/D	0.0250
Total Intrastate Toll Free			:30		\$0.03

Interstate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
------	-------	----------------	-------------	---------------	-----

Telephone Usage Details cont.

Jan 9					
12:16A	BATONROUG,LA	225-892-7626	:30	DD/N	0.0250
Jan 16					
12:24P	BATONROUG,LA	225-603-3318	2:00	DD/D	0.1000
Jan 17					
05:30P	BATONROUG,LA	225-892-7626	1:18	DD/E	0.0650
Jan 24					
08:56A	BATONROUG,LA	225-921-5921	3:48	DD/D	0.1900
Total Intrastate Toll Free			7:36		\$0.38

Rate Codes

DD = Direct Dial

Time Codes

D = Day

N = Night/Weekend

E = Evening

NEWS FROM COX

At Cox Business it's our priority to continue to add value with increasing Internet speeds, enhanced features and additional programming. To support these investments in improving our services, we are making changes to our rates. The new rates will be effective sixty (60) days after this notification. If you have questions, please call the service number provided on the invoice.

The monthly recurring charge for each of your digital television adapters will increase from \$1.99 to \$2.99 on April 1, 2018. To keep you better informed of the costs associated with the delivery of regional sports programming, on April 1, 2018 the Regional Sports Surcharge will increase from \$3.50 to \$5.00. Effective April 1, 2018, the Broadcast Surcharge will increase from \$4.00 to \$7.50.

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone

Customer Information cont.

charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services: If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will **not** be available. Please review the following website for additional important information about Cox's 911 practices:
<https://www.cox.com/business/phone/e911-regulatory.html>.

Louisiana Do Not Call List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit www.donotcall.gov.

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: www.lpsc.org/donotcall, or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

Post date: 02/28/2018
Amount: \$ 533.23

Account: [REDACTED]
Check Number: 5002

FAMILY VALUES RESOURCE INSTITUTE, INC
Street P.O. Box 74403
Baton Rouge, LA 70874
2253393601

CHASE
Payable Date Bank, N.A.
04.13.614

1/29/2018

PAY TO THE ORDER OF Cox Business

\$ **533.23

DOLLARS

Five Hundred Thirty-Three and 23/100

Cox Business
P.O. Box 818243
Dallas TX 75391-9243

Brian G. Shivers
AUTHORIZED SIGNATURE

MEMO TV, Internet, & Telephone Services

#005002# 10651001371

5002

JPMORGANCHASE BK N.A.
022818 -074809081-
37689601 0818243-
00005761 124

CR TO NND
PAYER ALL
RTS RSYD

80000070131785

ENDORSE HERE

☐ CHECK HERE AFTER MOBILE OR MORE DEPOSIT

DATE 02/28/2018

Telephone \$250.00
Internet \$75.00

Online Client Database



234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
2/28/2018	MB-18231

BILL TO
Louisiana Alliance for Life Family Values Resource Institute, Inc. Post Office Box 74403 Baton Rouge, LA 70874

DUE DATE
3/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
CoolFocus Text S...	CoolFocus Text Service		15.00	15.00
<div>Total Client Online Data Base</div> <div>90.00 + 50.00 + 100.00 * 240.00</div>				
			Total	\$90.00
			Payments/Credits	\$0.00
			Balance Due	\$90.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

WayCool Software, Inc.

Invoice

Paid

Invoice

MB-18231

Due date

March 30, 2018

Invoice total

\$90.00

View details (PDF)

Balance due

\$0.00

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Online Client Database



Transactions Details

Posting Date	03/15/2018
Transaction Date	03/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$90.00
Balance	





234 Mountain Forest Trail
Calera, AL 35040

Online Client Database

Invoice

DATE	INVOICE #
2/28/2018	MB-18182

BILL TO
Louisiana Alliance for Life Cenla Pregnancy Center PO Box 13907 Alexandria, LA 71315

DUE DATE
3/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			Total	\$50.00
			Payments/Credits	\$0.00
			Balance Due	\$50.00

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

WayCool Software, Inc.

Invoice

Paid

Invoice

MB-18182

Due date

March 30, 2018

Invoice total

\$50.00

View details (PDF)

Balance due

\$0.00

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[Privacy](#) [Terms of service](#).

Online Client Database



Transactions Details

Posting Date	03/15/2018
Transaction Date	03/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	

Willing Mind Janitorial Service, LLC.
P. O. Box 1773
Prairieville, LA 70769
(225) 677-9839
wmjanitorial@yahoo.com

Maintenance
Janitorial



INVOICE

BILL TO

Barbara J. Thomas
Family values Resource
Institute, Inc.
7515 Scenic Highway
Baton Rouge, La. 70807

INVOICE # 2545
DATE 02/27/2018
DUE DATE 03/01/2018
TERMS Net 15

CREDIT

ACTIVITY	AMOUNT
Services	757.00
Janitorial Service	

BALANCE DUE \$757.00




Transactions Details

Posting Date	03/12/2018
Transaction Date	03/12/2018
Description	DDA CHECK 0000001606
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front

Back



FAMILY VALUES RESOURCE INSTITUTE INC.

DBA LOUISIANA ALLIANCE FOR LIFE

PO BOX 74403 PH. 225-359-8001

BATON ROUGE, LA 70874-4403

WHITNEY BANK

Member FDIC / whitneybank.com

1606

62-15654

3/9/2018

PAY TO THE ORDER OF

Willing Minds Janitorial Services, LLC

\$ **757.00

Seven Hundred Fifty-Seven and 00/100

DOLLARS

Willing Minds Janitorial Services, LLC


PO Box 1773

Prairieville, LA 70769

MEMO

Feb. 2018 invoice #2545

001606 065400153



AUTHORIZED SIGNATURE

Security Features Included

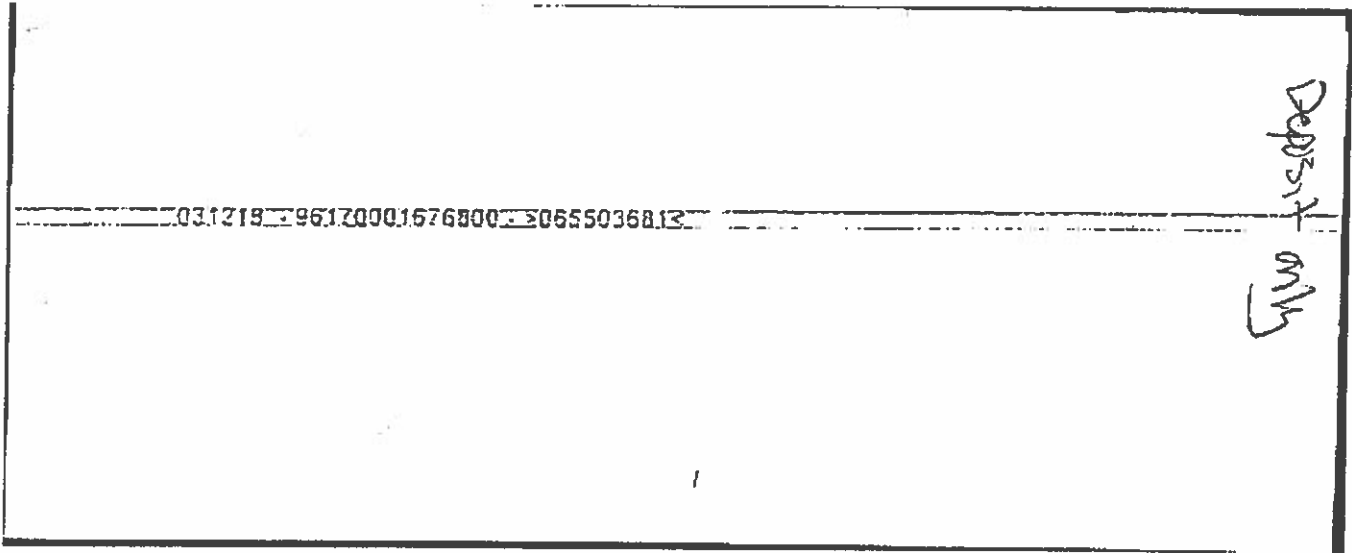
Maintenance : Janitorial



Transactions Details

Posting Date	03/12/2018
Transaction Date	03/12/2018
Description	DDA CHECK 0000004606
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front Back



PAYCHEX

NOTICE OF AUTOMATIC PAYMENT

Paychex of New York LLC
4324 South Sherwood Forest Blvd Suite 125
Baton Rouge LA 70816

Client # 0060 0060-T846
Invoice # 2018030100

AUTOMATIC PAYMENT \$242.33

This amount will be deducted from the following bank account at or after 12:01 A.M on 3/12/18.

XXXX0000

ADDRESS SERVICE REQUESTED

0060 0060-T846
Family Values Resource Institute Inc
Institute Inc
Po Box 74403
Baton Rouge, Louisiana 70874-4403

Electronic Payroll
Transaction Fees \$242.33

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY				AMOUNT
Previous Balance on Invoice#2018020100 Due 02/12/18				455.38
Payment Received - Thank You				-455.38
Balance Forward				0.00
Total New Charges				242.33
Account Balance (Includes Balance Forward, New Charges, and Pending Automatic Payments)				242.33
CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	# TRANSACTIONS	AMOUNT
NEW CHARGES				
02/14/18	Payroll/Taxpay®	02/13/18	7	62.66
02/15/18	Payroll/Taxpay®	02/12/18	8	71.26
	Direct Deposit		8	20.60
02/28/18	Payroll/Taxpay®	02/26/18	8	66.26
	Direct Deposit		9	21.55
Total New Charges				242.33
Automatic Payment (Includes New Charges and applicable credits from Balance Forward above)				242.33
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports				

paid 3-10-18
Auto pay

0060 0060-T846 Family Values Resource Institute Inc

Invoice Date : 03/01/18

Billing Period: 02/02/18 to 03/01/18

Invoice# 2018030100

Payrolls by Paychex, Inc.
#40009

Electronic Payroll Transaction Fees \$242



Transactions Details

Posting Date	03/12/2018
Transaction Date	03/12/2018
Description	INVOICE PAYCHEX EIB 031218
Transaction Type	Debit
T/C	0036
Amount	\$242.33
Balance	



PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21			
					Employer Liabilities		
					Social Security		
					Medicare		
					TOTAL EMPLOYER LIABILITY		
					TOTAL TAX LIABILITY		
**** 300 1099 Cenia Pregnancy...(IC) 38	1099 Misc Comp			2,200.00			Direct Deposit # 487 Check Amt 0.00 Chkg 1255 2,200.00
	EMPLOYEE TOTAL			2,200.00			Net Pay 2,200.00
Crossroads Preg...(IC) 20	1099 Misc Comp			1,200.00			Direct Deposit # 488 Check Amt 0.00 Chkg 1232 1,200.00
	EMPLOYEE TOTAL			1,200.00			Net Pay 1,200.00
	1099 Misc Comp					Deduction	Direct Deposit # 489 Check Amt Chkg 0010 Chkg 8302
	EMPLOYEE TOTAL						Net Pay
Life Choices of...(IC) 23	1099 Misc Comp			3,200.00			Direct Deposit # 490 Check Amt 0.00 Chkg 3581 3,200.00
	EMPLOYEE TOTAL			3,200.00			Net Pay 3,200.00
Pregnancy Probl...(IC) 22	1099 Misc Comp			3,200.00			Direct Deposit # 491 Check Amt 0.00 Chkg 2289 2,200.00
	EMPLOYEE TOTAL			2,200.00			Net Pay 2,200.00
Womens Center o...(IC) 27	1099 Misc Comp			3,200.00			Direct Deposit # 492 Check Amt 0.00 Chkg 9749 3,200.00
	EMPLOYEE TOTAL			3,200.00			Net Pay 3,200.00
Womens Help Center (IC) 28	1099 Misc Comp			2,200.00			Direct Deposit # 493 Check Amt 0.00 Chkg 8002 2,200.00
	EMPLOYEE TOTAL			2,200.00			Net Pay 2,200.00

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS			
***** 300 1099 (cont.) Womens New Life..(IC) 24	1099 Misc Comp				2,400.00		Direct Deposit # 494 Check Amt 0.00 Chkg 0051 2,400.00 Net Pay 2,400.00
	EMPLOYEE TOTAL				2,400.00		
	300 1099 TOTALS 8 Person(s) 8 Transaction(s)	1099 Misc Comp 300 1099 TOTAL			18,266.67 18,266.67	Deduction 20.10 20.10	Check Amt 0.00 Dir Dep 18,246.57 Net Pay 18,246.57
COMPANY TOTALS 15 Person(s) 15 Transaction(s)	Fvri LAL Hours 1099 Misc Comp COMPANY TOTAL		14.00 14.00	1,206.73 7,187.48 8,394.21	Social Security 520.46 Medicare 121.71 Fed Income Tax 496.96 LA Income Tax 232.00 1,371.13 Employer Liabilities Social Security 520.44 Medicare 121.71 TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,013.28	Deduction 20.10 20.10 223.00 243.10 25,046.85	Check Amt 0.00 Dir Dep 25,046.85 Net Pay 25,046.85
(IC) = Independent Contractor							

Personnel was included in the total payroll run for subcontractors

Subcontractor total amount \$11,100.00

Personnel was included in the total payroll run for subcontractors

* Subcontractor total amount \$16,600.00

DIRECT DEPOSITS DETAIL

COMPANY BANK ACCOUNT	EMPLOYEE NAME	ID	DEPOSIT	CALCULATED AMOUNT	ACCOUNT NUMBER	ROUTING & TRANSIT	TYPE
HANCOCK BANK OF LOUISIANA Acct # xxxxx380T R & T 065400153	Cenla Pregnancy Center Inc	(IC) 38	Net Pay	2,200.00	xxxxxx1255	065000090	Checking
	Crossroads Pregnancy Resource Center	(IC) 20	Net Pay	1,200.00	xxxxxx1232	065000090	Checking
		(IC)	Net Pay		xxx8302	265473511	Checking
			Net Pay		xxxxxxxxxx0010	265473317	Checking
	Life Choices of North Central Louisiana	(IC) 23	Net Pay	3,200.00	xxx3581	111102758	Checking
	Pregnancy Problem Center	(IC) 22	Net Pay	2,200.00	xxxxxx2289	065000090	Checking
	Womens Center of Lafayette	(IC) 27	Net Pay	3,200.00	xxx9749	065204443	Checking
	Womens Help Center	(IC) 28	Net Pay	2,200.00	xxxxx8002	065400137	Checking
	Womens New Life Center	(IC) 24	Net Pay	2,400.00	xxxxxx0051	065000090	Checking
				ACCOUNT TOTAL 8 Employees	18,246.57	0 Savings 9 Checking	
				COMPANY TOTAL 15 Employees	25,046.65	0 Savings 16 Checking	

\$18,246.57
And
\$25,046.65

(includes personnel)
(includes personnel)

Total LAC Subcontractors:

\$16,600.00

Transactions Details

Posting Date	03/14/2018
Transaction Date	03/14/2018
Description	PAYROLL PAYCHEX INC. 031418
Transaction Type	Debit
T/C	0036
Amount	\$18,246.57
Balance	

Accounting / Bookkeeping \$1304.86

Latosha Isaac

1175 Lakemont Dr.
Baton Rouge, LA
70816

Invoice

Date	Invoice #
2/15/2018	39

Bill To
Louisiana Alliance For Life Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

Description	Amount
Bookkeeping Services Feb 1 - Feb 15	1,646.57
<div>Total Professional (2/14) Acct/Bookkeeping 1,304.86 + Acct/Bookkeeping (2/17) 1,304.86 + Public Relations - 9,300.00 + Evaluation - 9,300.00 + Auditon - 4,300.00 + 8,300.72 Total</div>	
	Total \$1,646.57

Accounting / Bookkeeping \$11304.86



Transactions Details

Posting Date	02/14/2018
Transaction Date	02/14/2018
Description	PAYROLL PAYCHEX INC. 021418
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	



[illegible]

Accounting/Bookkeeping \$130486



Transactions Details

Posting Date	02/27/2018
Transaction Date	02/27/2018
Description	PAYROLL PAYCHEX INC. 022718
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	



Public Relations

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

Invoice

Date	Invoice #
3/6/2018	79

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for February 2018: * Scheduled several appointments with Ashley and Michael of nola.com. * Met with Sarah on several occasions of nola.com. * Responded to emails	800.00	800.00
		Total	\$800.00

Evaluator

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

Invoice

Date	Invoice #
3/6/2018	80

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Evaluation Activities for February 2018 •Requested data from subcontractors and reminded them of deadline. •Reminded subcontractors to complete the client service forms. •Responded to subcontractors' emails. •Responded to subcontractors telephone calls. •Checked for subcontractors' data on database. •Checked for subcontractors, whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report. •Entered data on TANF database. •Called Barbara Thomas that data had been entered on TANF database. •Emailed and called Michael Ferris that data was complete and ready for approval. •Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.	900.00	900.00
		Total	\$900.00

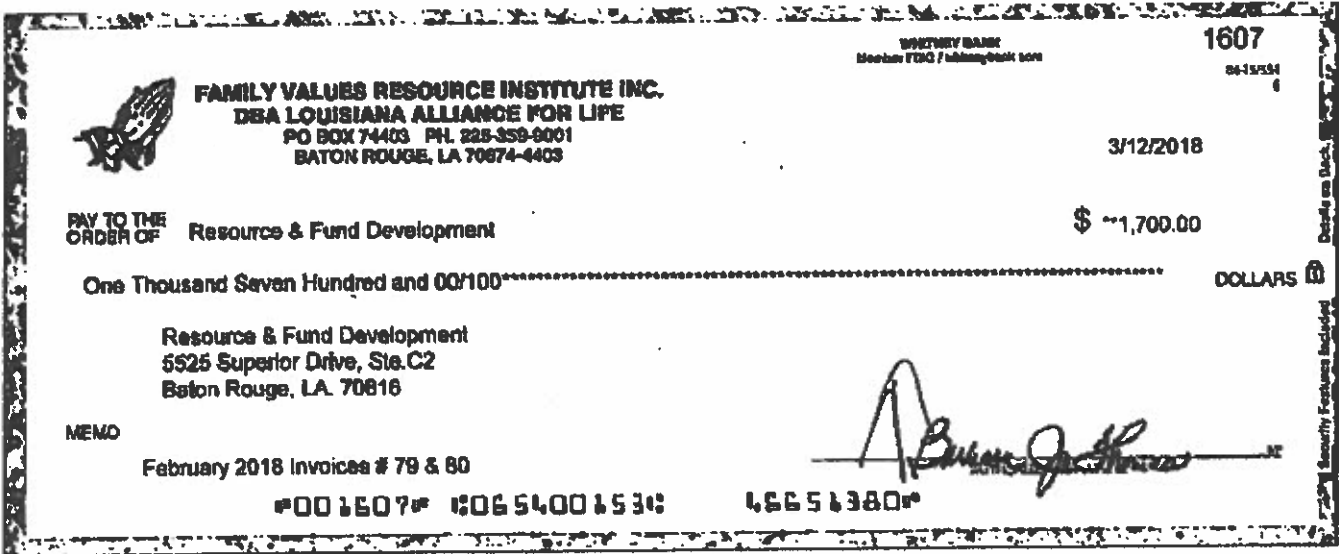
Public Relations \$800⁰⁰

Evaluator \$900⁰⁰

Transactions Details

Posting Date	03/14/2018
Transaction Date	03/14/2018
Description	DDA CHECK 0000001607
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front	Back
-------	------



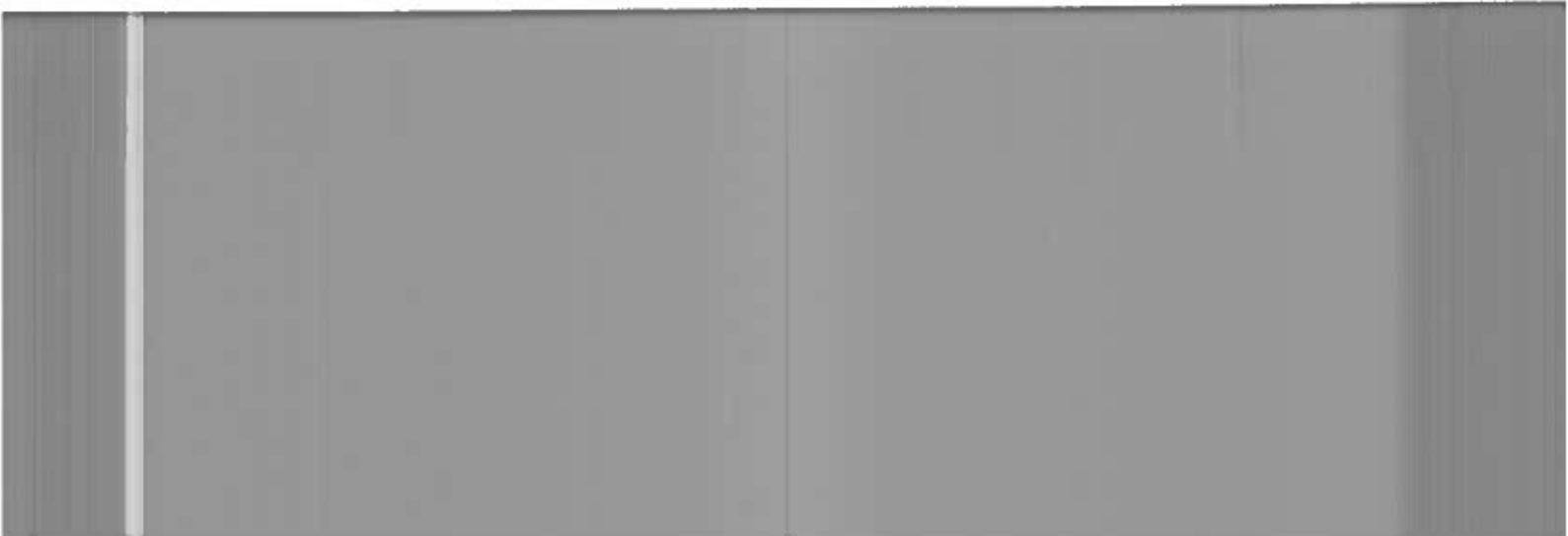
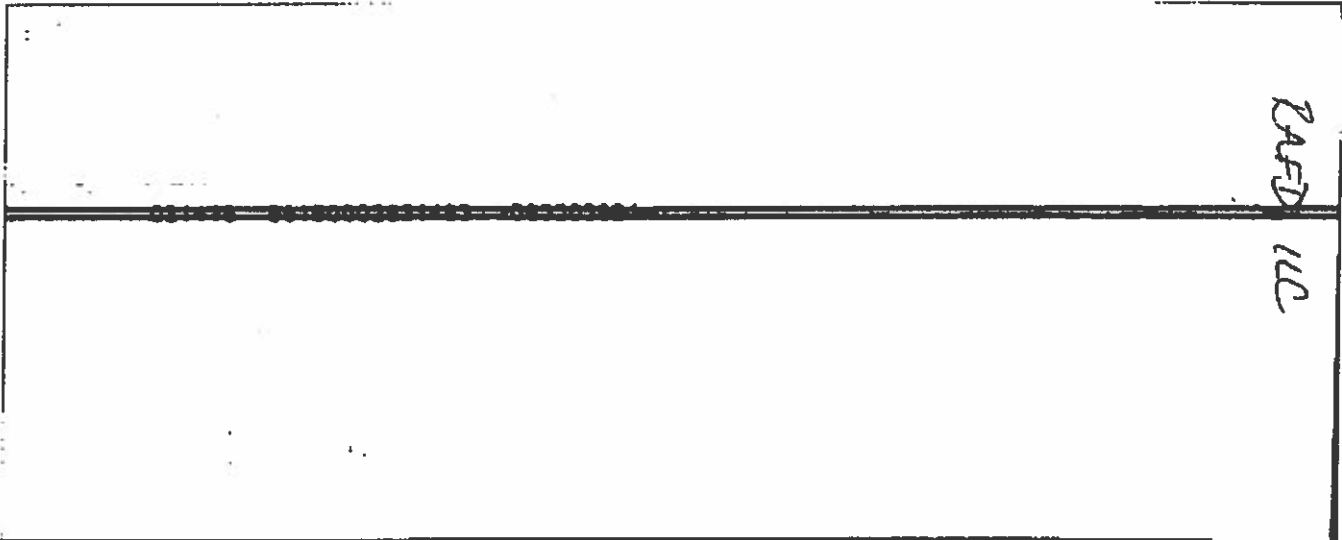
Public Relations & Evaluator

Transactions Details

Posting Date	03/14/2018
Transaction Date	03/14/2018
Description	DDA CHECK 0000001607
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front

Back





Auditor *\$4,000*

LUTHER SPEIGHT & COMPANY, LLC
Certified Public Accountants and Consultants

February 9, 2018

INVOICE#: 18-299

CLIENT:

Family Values Resources Institute, Inc.
Baton Rouge, Louisiana

SERVICES PERFORMED:

Independent Audit for the Year Ended December 31, 2017

FEE:

Total Audit Fee \$11,000

Less Retainer

Balance Due

\$11,000

(\$4,000)

\$ 7,000

(Please note that the balance is due no later than June 30, 2018.)

2/28/2018 CK #105
Submitted w/ Engagement
Letter
Attache
(B)

It is our pleasure to serve as your agency's independent auditors.

New Orleans Office: 1100 Poydras Street, Suite 1225/New Orleans, LA 70163/ (504)561-8600
Baton Rouge Office: 2900 Westfork Drive, Suite 401/Baton Rouge, LA 70827/ (225)275-9100

Auditor

\$ 4000.00

FAMILY VALUES RESOURCE INSTITUTE INC PO BOX 74403 BATON ROUGE, LA 70874 (225) 359-9001		1056 84-498/632 01
DATE <u>2/28/2018</u>		CHECK NAME
PAY TO THE ORDER OF <u>Luttrell Speight & Company CPAs</u>	<u>\$ 4,000.00</u>	DOLLARS
<u>Four Thousand & No/100</u>		DOLLARS
Guaranty Bank <small>MEMBER FDIC</small>		
FOR <u>Audit Retainer Fee</u>	<u>Barbara Thom</u>	
⑈001056⑈ ⑆065204980⑆ 01 5552 7⑈		

PAYROLL JOURNAL

MAR 21 2018

DCFS

Economic Stability

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS	Economic Stability NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			
**** 100 STAFF BI-WEEKLY								
Brown, Patricia A 35	Fvri			1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6785 Check Amt Chkg 0017
						64.58 15.10 77.81 26.00	36.72	0.00 821.45
	EMPLOYEE TOTAL			1,041.66		183.49	36.72	821.45
Davis, Allison 37	Fvri			1,041.66		Social Security Medicare LA Income Tax	STD Post-Tax	Direct Deposit # 6786 Check Amt Chkg 3799
						64.58 15.10 25.00	25.97	0.00 911.01
	EMPLOYEE TOTAL			1,041.66		104.68	25.97	911.01
Davis, Talisha 4	Fvri			437.50		Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6787 Check Amt Chkg 0014
				1,020.83		21.15 63.13 30.00	99.29	0.00 1,154.34
	EMPLOYEE TOTAL			1,458.33		204.70	99.29	1,154.34
Ferris, Michael A 5	Fvri			291.67		Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6788 Check Amt Chkg 1002
				1,166.67		90.42 21.15 101.38 46.00		0.00 1,199.39
	EMPLOYEE TOTAL			1,458.34		258.95		1,199.39
Thomas, Barbara J 11	Fvri			208.34		Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Net Pay Direct Deposit # 6790 Check Amt Chkg 0016
				1,875.00		128.17 30.21 155.63 65.00	48.00	0.00 1,655.33
	EMPLOYEE TOTAL			2,083.34		380.01	48.00	1,655.33
Walker, Shirley 12	LAL Hours			1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Direct Deposit # 6791 Check Amt Chkg 2191
				1,041.66		64.58 15.10 99.01 26.00	13.02	0.00 823.95
	EMPLOYEE TOTAL			1,041.66		204.69	13.02	823.95
100 STAFF BI-WEEKLY TOTALS								
7 Person(s)	Fvri		14.00	3,290.05		Social Security Medicare Fed Income Tax LA Income Tax	STD Post-Tax	Check Amt Dir Dep
7 Transaction(s)	LAL Hours			5,104.16		520.44 121.71 496.96 222.00	223.00	0.00 6,810.10

PAYROLL JOURNAL

0060 0060-T846 Family Values Resource Institute Inc

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21			
					Employer Liabilities		
					1,361.11	223.00	6,810.10
					Social Security		
					520.44		
					Medicare		
					121.71		
					TOTAL EMPLOYER LIABILITY		
					642.15		
					TOTAL TAX LIABILITY		
					2,003.26		
**** 300 1099							
Isaac, Latosha S (IC)	1099 Misc Comp					Deduction	
36	1099 Misc Comp				361.81	20.10	Direct Deposit # 478
					1,304.86		Check Amt
							Ckkg 0010
							1,646.57
	EMPLOYEE TOTAL				1,666.67	20.10	Net Pay
							1,646.57
300 1099 TOTALS							
1 Person(s)	1099 Misc Comp				1,666.67	20.10	Check Amt
1 Transaction(s)							Dir Dep
	300 1099 TOTAL				1,666.67	20.10	Net Pay
							1,646.57
COMPANY TOTALS							
8 Person(s)	Fvri		14.00	3,290.05			
8 Transaction(s)	LAL Hours			5,104.16			
	1099 Misc Comp				1,666.67		
					Fed Income Tax		
					496.96		
					LA Income Tax		
					222.00		
	COMPANY TOTAL		14.00	8,394.21	1,666.67	243.10	Net Pay
							8,456.57
					Employer Liabilities		
					Social Security		
					520.44		
					Medicare		
					121.71		
					TOTAL EMPLOYER LIABILITY		
					642.15		
					TOTAL TAX LIABILITY		
					2,003.26		

((IC)) = Independent Contractor

0060 0060-T846 Family Values Resource Institute Inc
Run Date 02/12/18 03:57 PM

Period Start - End Date 02/01/18 - 02/15/18
Check Date 02/15/18

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS			
	DESCRIPTION	RATE	HOURS	EARNINGS				REIMB & OTHER PAYMENTS		
**** 100 STAFF BI-WEEKLY										
Brown, Patricia A 35 Data Entry	LAL Hours			1,041.67		Social Security Medicare Fed Income Tax LA Income Tax	64.58 15.11 77.81 26.00	STD Post-Tax 36.72	Direct Deposit # 6792 Check Amt Chkg 0017	0.00 821.45
	EMPLOYEE TOTAL			1,041.67						
Davis, Allison 37 Education Specialist	LAL Hours			1,041.67		Social Security Medicare LA Income Tax	64.58 15.11 26.00	STD Post-Tax 36.72	Direct Deposit # 6793 Check Amt Chkg 3799	0.00 911.01
	EMPLOYEE TOTAL			1,041.67						
David, Talisha 4 Compliance Coordinator	FVN LAL Hours			437.50 1,020.84		Social Security Medicare Fed Income Tax LA Income Tax	90.42 21.14 63.13 30.00	STD Post-Tax 99.29	Direct Deposit # 6794 Check Amt Chkg 0014	0.00 1,154.96
	EMPLOYEE TOTAL			1,458.34						
Ferris, Michael A 5 Project Admin	FVN LAL Hours			291.67 1,166.67		Social Security Medicare Fed Income Tax LA Income Tax	90.42 21.14 101.38 46.00	STD Post-Tax 99.29	Direct Deposit # 6795 Check Amt Chkg 1002	0.00 1,199.40
	EMPLOYEE TOTAL			1,458.34						
EMPLOYEE TOTAL										
EMPLOYEE TOTAL										
Thomas, Barbara J 11 Project Director	FVN LAL Hours			208.34 1,875.00		Social Security Medicare Fed Income Tax LA Income Tax	129.17 30.20 155.63 65.00	STD Post-Tax 46.00	Direct Deposit # 6797 Check Amt Chkg 0016	0.00 1,655.34
	EMPLOYEE TOTAL			2,083.34						
Walker, Shirley 12 Client Services Coordinator	LAL Hours			1,041.67		Social Security Medicare Fed Income Tax LA Income Tax	64.58 15.11 99.01 26.00	STD Post-Tax 46.00	Direct Deposit # 6798 Check Amt Chkg 2191	0.00 823.95
	EMPLOYEE TOTAL			1,041.67						
100 STAFF BI-WEEKLY TOTALS										
7 Person(s) 7 Transaction(s)	FVN LAL Hours		14.00	1,206.73 7,187.52		Social Security Medicare Fed Income Tax LA Income Tax	520.44 121.72 496.96 222.00	STD Post-Tax 223.00	Check Amt Dir Dep	0.00 6,810.13

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.25			223.00	Net Pay 6,810.73
					Employer Liabilities			
					Social Security 520.44			
					Medicare 121.71			
					TOTAL EMPLOYER LIABILITY 642.15			
					TOTAL TAX LIABILITY 2,003.27			
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp					Deduction	20.10	Direct Deposit # 486 Check Amt 0.00 Chkg 0010 1,556.57 Chkg 8302 90.00
	EMPLOYEE TOTAL				1,666.67		20.10	Net Pay 1,646.57
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	1099 Misc Comp				1,666.67	Deduction	20.10	Check Amt 0.00 Dir Dep 1,646.57
	300 1099 TOTAL				1,666.67		20.10	Net Pay 1,646.57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	FVN LAL Hours 1099 Misc Comp		14.00	1,206.73 7,187.52		Social Security 520.44 Medicare 121.72 STD Post-Tax 223.00	20.10	Check Amt 0.00 Dir Dep 8,456.70
	COMPANY TOTAL		14.00	8,394.25	1,666.67		243.10	Net Pay 8,456.70
					Employer Liabilities			
					Social Security 520.44			
					Medicare 121.71			
					TOTAL EMPLOYER LIABILITY 642.15			
					TOTAL TAX LIABILITY 2,003.27			
(IC) = Independent Contractor								



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Talisha Davis

Month/Year: Feb-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		LA Alliance For Life
List Major Work Performed	% of Time	
Prepare for and participate in a radio broadcast taping on abortion	15	
Communication w/ Sub-Contractors- questions & expectations & compliance	15	
Prepare and facilitate staff meeting.	15	
Make database revisions, changes & training	25	
Total % of Time on Project:		70

Sponsored Project:		Family Values Resource Institute
List Major Work Performed	% of Time	
Counseling Clients - Pregnancy Testing & providing referrals as needed	10	
Work with student mentee on project & research paper	10	
Edit Policies & Procedures Manual	10	
Total % of Time on Project:		30

Sponsored Project:		
List Major Work Performed	% of Time	
Total % of Time on Project:		

Talisha J. Davis
Employee Signature

B. Thomas
Approval/Signature

3/7/18
Date

3/7/18
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Mar-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:	
List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	70%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	15%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

Sponsored Project:	
List Major Work Performed	% of Time
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project: 100%	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Shirley Walker
Employee Signature

[Signature]
Approval Signature

3/06/18
Date

3/26/18
Date

Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown Month/Year: Mar-18

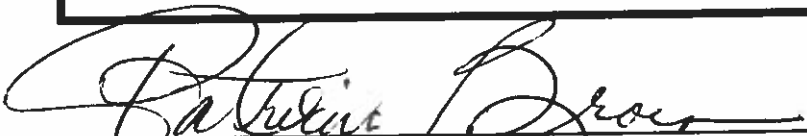
Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.


Sponsored Project:		Louisiana Alliance For Life
<i>List Major Work Performed</i>	% of Time	
Data Entry - Enter client data into database; Prepare and submit monthly reports	40%	
Receptionist Duties - Answer phone and schedule appointments	30%	
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork	30%	
Total % of Time on Project:		100%

Sponsored Project:		
<i>List Major Work Performed</i>	% of Time	
Total % of Time on Project:		

Sponsored Project:		
<i>List Major Work Performed</i>	% of Time	
Total % of Time on Project:		



 Employee Signature



 Approval Signature

3-6-18
 Date

3-6-18
 Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Allison Davis

Month/Year: Feb-18


Provide a breakdown of your responsibilities for this month. Keep in mind:


1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		LA Alliance For Life
List Major Work Performed	% of Time	
Client data entry	30%	
Taught individual prenatal classes	40%	
Followed up with clients over the telephone	10%	
Re organizing the Baby Boutique	20%	
Total % of Time on Project:		100%

Sponsored Project:		
List Major Work Performed	% of Time	
Total % of Time on Project:		

Sponsored Project:		
List Major Work Performed	% of Time	
Total % of Time on Project:		


Employee Signature


Approval Signature

3/6/2018
Date

3/6/2018
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas Month/Year: Feb-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Work Performed	LA Alliance for Life - Project Directo - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers	10%
Supervise program operations for the Women's Help Center	25%
Counsel Women at the Women's Help Center (Emergency situations only)	0%
Compliance: Oversee compliance for all subcontractors	15%
Compliance Visits & Training	0%

Worked close with Program Evaluator to implement evaluation pan	5%
Review and approve timesheets, employee absences, etc.	5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.	5%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Preparation for upcoming LAL Subcontractors Training	20%
Total % of Time on Project:	90%

Sponsored Project: Work Performed	Family Values Resource Institute, Inc. % of Time
Attending Board Planning Meetings	
Staff/Meeting Training	
Fundraising Planning	
Total % of Time on Project:	10%

Barbara Thomas
Employee Signature
Gail Hollins
Approval Signature: Gail Hollins, FVRI Board Vice President

3/12/2018
Date
3/12/2018
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: FEBRUARY 2018

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		Louisiana Alliance For Life	
<i>List Major Work Performed</i>		% of Time	
Collect, Review and Approve Subcontractor Reimbursements		40%	
Fielding and Answering Calls and emails from Subcontractors		30%	
Creating and updating forms and files		10%	
Preparing for conference 3/24/18		20%	
		Total % of Time on Project: 100%	

Sponsored Project:		Louisiana Alliance For Life - continued	
<i>List Major Work Performed</i>		% of Time	
		Total % of Time on Project: 100%	

Sponsored Project:			
<i>List Major Work Performed</i>		% of Time	
		Total % of Time on Project:	

Michael Ferris
Employee Signature

Barbara J. Thomas
Approval Signature

3/12/18
Date

3/12/18
Date

Change most of equipment - inventory 2018

PAYCHEX, INC.
401 WHITNEY AVENUE SUITE 200
GRETNLA LA 70056
(844) 729-9247

Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.
Non-mandated: Initiate a 941 payment for the specified quarter at www.ahps.gov at least one banking day before the due date.

Deposit Period:	02/01/18 - 02/28/18	Employee Social Security	1,040.88
Amount Due:	\$3,562.53	Employee Medicare	243.43
Due Date:	03/15/18	Employer Social Security	1,040.88
Quarter:	1	Employer Medicare	243.42
		Federal Withholding	993.92

Date Paid: 3-15-18 *positively 2/28*
Check Number: *pd. online* Federal ID: 72-1413039
Last Check Date: 02/28/18

IMPORTANT REMINDERS

- *** You are scheduled to report your next payroll on Tue 03/13/18.
- *** In compliance with the Federal Depository rules, your federal deposit frequency is Monthly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- *** Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-057-1507

0060-T846
FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 74403
BATON ROUGE LA 70874-4403
IRS



0060-0060T846-002-057-1507

Subcontractor Payments

Transactions Details

Posting Date 02/14/2018

Transaction Date 02/14/2018

Description PAYCHEX INC.

Transaction Type Debit

Amount \$15,600.00

Balance



ADDENDUM PAYMENTS

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
**** 300 1099 Cenla Pregnancy...(C) 38 ✓	1099 Misc Comp				1,200.00				Direct Deposit # 479 Check Amt 0.00 Chkg 1255 1,200.00 Net Pay 1,200.00	✓
	EMPLOYEE TOTAL				1,200.00					
20 ✓	Crossroads Preg...(C)	1099 Misc Comp			1,200.00				Direct Deposit # 480 Check Amt 0.00 Chkg 1232 1,200.00 Net Pay 1,200.00	✓
	EMPLOYEE TOTAL				1,200.00					
23 ✓	Life Choices of...(C)	1099 Misc Comp			3,200.00				Direct Deposit # 481 Check Amt 0.00 Chkg 3581 3,200.00 Net Pay 3,200.00	✓
	EMPLOYEE TOTAL				3,200.00					
22 ✓	Pregnancy Probl...(C)	1099 Misc Comp			2,200.00				Direct Deposit # 482 Check Amt 0.00 Chkg 2289 2,200.00 Net Pay 2,200.00	✓
	EMPLOYEE TOTAL				2,200.00					
27 ✓ Womens Center o...(C) Womens' Center of Lafayette	1099 Misc Comp				3,200.00				Direct Deposit # 483 Check Amt 0.00 Chkg 9749 3,200.00 Net Pay 3,200.00	✓
	EMPLOYEE TOTAL				3,200.00					
28	Womens Help Center (C)	1099 Misc Comp			2,200.00				Direct Deposit # 484 Check Amt 0.00 Chkg 8002 2,200.00 Net Pay 2,200.00	✓
	EMPLOYEE TOTAL				2,200.00					
24	Womens New Life...(C)	1099 Misc Comp - 10/1/18 - 12/31/18 1099 Misc Comp - 1/1/19 - 12/31/18	1,200.00 1,200.00		1,200.00 1,200.00				Direct Deposit # 485 Check Amt 0.00 Chkg 0051 2,400.00 Net Pay 2,400.00	✓
	EMPLOYEE TOTAL				2,400.00					
300 1099 TOTALS 7 Person(s) 7 Transaction(s)	1099 Misc Comp				15,600.00				Check Amt 0.00 Dir Dep 15,600.00 Net Pay 15,600.00	
	300 1099 TOTAL				15,600.00					
	EMPLOYEE TOTAL				2,400.00					
COMPANY TOTALS 7 Person(s) 7 Transaction(s)	1099 Misc Comp				15,600.00				Check Amt 0.00 Dir Dep 15,600.00 Net Pay 15,600.00	

LOUISIANA

Alliance for Life Monthly Report Check List

Subcontractor	Date Received	Client Services	Amount
CENLA Pregnancy Center			
Claire Lemoine 318-314-3064 (o) 318-305-7301 (c)	3/5/18	162.5	\$2,200.00
Crossroads Pregnancy Resource Center			
Michele Beary 985-446-5004 (o) 985-859-9907 (c)	3/8/18	40	\$1,200.00
Life Choices of North Central Louisiana			
Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	3/5/18	403.5	\$3,200.00
Pregnancy Problem Center			
Frances Coleman 225-924-1400 (o)	2/28/18	174	\$2,200.00
Woman's New Life Center – Baton Rouge			
Allison Millet 225-218-4862 (o) 504-301-7573 (c)	3/5/18	12.5	\$1,200.00
Woman's New Life Center – Metairie			
Allison Millet 504-469-0212 (o) 504-301-7573 (c)	3/8/18	10.5	\$1,200.00
Women's Center of Lafayette			
Michela Camel 337-289-9366 (o)	2/28/18	365	\$3,200.00
Women's Help Center			
Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	3/6/18	189	\$2,200.00
>>FEBRUARY 2018>>			TOTAL Dollar Amount >>>>>
			\$16,600.00

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: FEBRUARY 2018

Subcontractor: Woman's New Life-Baton Rouge		
	Points	Dollar Amount
Client Service Points / Amount	12.5	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Woman's New Life Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Maureen Lavastida	PROGRAM LOCATION:	Baton Rouge
PHONE NUMBER:	225-663-6470	SERVICES MONTH:	Feb-18 3/5/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	1
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	
Parenting Information counseling or informational sessions	
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	1	0.5	2
7 OB/GYN		0	2
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC		0	
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	3	6	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	6	4	10
TOTAL POINTS	2	6.5	4

TOTAL

12.5

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	Total Monthly Points
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: FEBRUARY 2018

Subcontractor: CENLA Pregnancy Center		
	Points	Dollar Amount
Client Service Points / Amount	162.5	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$2,200.00

APPROVED BY:



Michael Febris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Cenia Pregnancy Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Claire Lemoine	PROGRAM LOCATION:	Alexandria, Louisiana
PHONE NUMBER:	318-314-3066	SERVICES MONTH:	Feb-18
		DATE:	3/5/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	12
New clients who took a pregnancy test and commit to full-term pregnancy	12
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	11
Male-Adoption Education	3
Abortion Prevention Education counseling or informational sessions	11
Male-Abortion Prevention Edu.	4
Abstinence Education counseling or informational sessions	3
Male-Abstinence Education	1
Parenting Information counseling or informational sessions	6
Male-Parenting Information	6

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	0	0	
2 Adult Education/GED	1	0.5	
3 Employment	2	1	1
4 Food/Clothing	5	2.5	3
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	9	4.5	6
7 OB/GYN	11	5.5	6
8 PreMarital/Marriage Counseling	0	0	
9 Professional Counseling	0	0	0
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	10	5	5
13 STD/HIV Testing	0	0	0
14 WIC	11	5.5	7
15 Public Assistance	5	2.5	2

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	9	18
Male Prenatal/Parenting Classes (#classes x total # participants)	3	6
Follow Up - Pregnancy Decisions	6	12
Follow Up - Pregnancy Outcomes		0

TOTAL SERVICES	142		30	172
TOTAL POINTS	69	63.5	30	162.5

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	Feb-18
Beginning Inventory	66
# Clients Served	12
Amount Distributed	24
Amount Remaining	42

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Cenla Pregnancy Center	Services Month: 1-Feb	Date: 3/5/2018
---------------------------------------	-----------------------	----------------

PARENTING/PRENATAL CLASSES			
<i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual) For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
2/1/2018	The First Years	1	chart # 4
2/15/2018	Parenting with Respect	1	chart # 4
2/21/2018	Ten Things Every Child Needs-Talk,Play, Music, and Reading	1	chart # 4
2/28/2018	Understanding your Baby's Cry, Part 2	1	chart # 4
2/5/2018	Fetal Development	1 (+ MP)	chart # 5
2/19/2018	Nutrition	1 (+ MP)	chart # 5
2/12/2018	Pregnancy and Child Care Discussion	1	chart # 10
2/12/2018	Understanding your Baby's Cry, Part 1	1	chart # 12
2/19/2018	Fetal Development	1 (+ MP)	chart # 12
TOTALS			

LOUISIANA

Alliance for Life

Monthly Report Approval

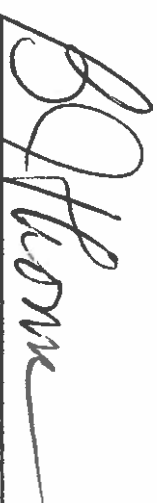
Month: FEBRUARY 2018

Subcontractor: Crossroads Pregnancy Resource Center		
	Points	Dollar Amount
Client Service Points / Amount	40	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Crossroads Pregnancy Resource Center	PROGRAM NAME:	Louisiana Alliance for Life		
CONTACT NAME:	Michele Beary	PROGRAM LOCATION:	Thibodaux, LA		
PHONE NUMBER:	985-446-5004	SERVICES MONTH:	February	DATE:	3/8/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	4
New clients who took a pregnancy test and commit to full-term pregnancy	4
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	1
Male-Adoption Education	1
Abortion Prevention Education counseling or informational sessions	1
Male-Abortion Prevention Edu.	1
Abstinence Education counseling or informational sessions	4
Male-Abstinence Education	1
Parenting Information counseling or informational sessions	4
Male-Parenting Information	1

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	2	1	
3 Employment	4	2	
4 Food/Clothing	2	1	
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	3	1.5	
7 OB/GYN	4	2	
8 PreMarital/Marriage Counseling	1	0.5	
9 Professional Counseling	1	0.5	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	0	0	
13 STD/HIV Testing	1	0.5	
14 WIC	3	1.5	
15 Public Assistance	1	0.5	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	0	0	
Male Prenatal/Parenting Classes (#classes x total # participants)	0	0	
Follow Up - Pregnancy Decisions	3	6	
Follow Up - Pregnancy Outcomes	0	0	
TOTAL SERVICES	49		0
TOTAL POINTS	22	18	0

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	3/8/2018
Beginning Inventory	70
# Clients Served	1
Amount Distributed	2
Amount Remaining	68

Services Reimbursement Model	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: FEBRUARY 2018

Subcontractor: Pregnancy Problem Center		
	Points	Dollar Amount
Client Service Points / Amount	174	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$2,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: Family Life Redirection/Pregnancy Problem Center			
PROGRAM NAME: Louisiana Alliance for Life			
PROGRAM LOCATION: Baton Rouge			
CONTACT NAME: Frances Broussard		SERVICES MONTH: Feb-18	DATE: 2/28/2018
PHONE NUMBER: 225-924-1400			

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)		Eligible Clients Served
Pregnancy Testing		4
New clients who took a pregnancy test and commit to full-term pregnancy		4
Pregnancy Retest		
Returning clients who retested and commit to full-term pregnancy		
Adoption Education		4
Male-Adoption Education		
Abortion Prevention Education		4
Male-Abortion Prevention Edu.		
Abstinence Education		4
Male-Abstinence Education		
Parenting Information		4
Male-Parenting Information		

REFERRALS (1/2 Point)		Total TAME Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
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1 Adoption Agency	0	0	0	1
2 Adult Education/GED	0	0	0	
3 Employment	0	0	0	
4 Food/Clothing	0	0	0	
5 Housing	0	0	0	
6 Medicaid (NOT certified opp. centers)	3	1.5	7	
7 OB/GYN	3	1.5	8	
8 PreMarital/Marriage Counseling	0	0	0	
9 Professional Counseling	0	0	0	
10 Rape Crisis Center	0	0	0	
11 Rem/Utilities	0	0	0	
12 SNAP/FTAP	0	0	0	
13 STD/HIV Testing	4	2	3	
14 WIC	4	2	8	
15 Public Assistance	0	0	0	
OTHER SERVICES (2 points)		Total TAME Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (Classes x total # participants)	15	30		
Male Prenatal/Parenting Classes (Classes x total # participants)	1	2		
Follow Up - Pregnancy Decisions (Classes x total # participants)	12	24		
Follow Up - Pregnancy Outcomes	6	12		
TOTAL SERVICES	72			27
TOTAL POINTS	72			75

TOTAL	99
	27
	174

VITAMIN ANGELS INVENTORY			
MUST BE COMPLETED MONTHLY			
Date	2/1/2018	Beginning Inventory	45
# Clients Served	3	Amount Distributed	6
Amount Remaining	39		

Services Reimbursement	
Total Monthly Points	1 - 149
	150 - 299
	\$3,200 +

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Family Life Federation/Pregnancy Prob Services Month: Feb. 2018 Date: 02/28.2018

PARENTING/PRENATAL CLASSES
Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
2/15/2018	Bonding With Your Unborn Child 2.4	1 (994)	
2/21/2018	Getting Ready For Baby 4.2	1 (994)	
2/27/2018	What to Expect Labor & Delivery 11.2	1 (994)	
2/5/2018	Understanding Baby's Cry 3.5	1 (1001)	1
2/5/2018	Ultrasounds: Windows to the Womb (2.2)	1 (1001)	
2/14/2018	Eye Contact 4.3	1 (1001)	
2/26/2018	Having Emotionally Healthy Kids	1 (1001)	
2/5/2018	Nutrition 1.3	1 (418)	
2/15/2018	First Years Last Forever	1 (1015)	
2/14/2018	First Years Last Forever	1 (1014)	
2/21/2018	First Years Last Forever	1 (1016)	
2/5/2018	Nutrition 1.3	1 (1009)	
2/14/2018	Your Developing Baby	1 (1009)	
2/28/2018	First Years Last Forever	1 (1017)	
2/12/2018	Nutrition 1.3 (1010)	1 (1010)	
TOTALS		15	1

LOUISIANA

Alliance for Life


Monthly Report Approval

Month: FEBRUARY 2018

Subcontractor: Women's Center of Lafayette		
	Points	Dollar Amount
Client Service Points / Amount	365	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$3,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	The Womens Center of Lafayette	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Lecretia Pottin	PROGRAM LOCATION:	1331 Jefferson St Lafayette, LA
PHONE NUMBER:	337-289-9366	SERVICES MONTH:	Feb-18
		DATE:	2/28/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	32
New clients who took a pregnancy test and commit to full-term pregnancy	27
Pregnancy Retest	2
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	26
Male-Adoption Education	6
Abortion Prevention Education counseling or informational sessions	4
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	27
Male-Abstinence Education	5
Parenting Information counseling or informational sessions	26
Male-Parenting Information	6

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	0	0	
3 Employment	0	0	
4 Food/Clothing	17	8.5	18
5 Housing	4	2	2
6 Medicaid (NOT certified app. centers)	7	3.5	3
7 OB/GYN	7	3.5	4
8 PreMarital/Marriage Counseling	4	2	
9 Professional Counseling	4	2	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	11	5.5	
13 STD/HIV Testing	19	9.5	
14 WIC	16	8	2
15 Public Assistance	0	0	
OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	5	10	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	27	54	
Follow Up - Pregnancy Outcomes	33	66	
TOTAL SERVICES	316		29
TOTAL POINTS	161	175	29

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	2/28/2018
Beginning Inventory	43
# Clients Served	27
Amount Distributed	47
Amount Remaining	96

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

TOTAL

345

365

Subcontractor Monthly Services Report

Subcontractor: The Womens Center of Lafayette	Services Month: February	Date: 28-Feb-18
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PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
2/9/2018	Theology of the Body	5	
TOTALS			

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: FEBRUARY 2018

Subcontractor: Woman's New Life - Metairie		
	Points	Dollar Amount
Client Service Points / Amount	10.5	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: Woman's New Life Center		PROGRAM NAME: Louisiana Alliance for Life	
CONTACT NAME: Allison Miller		PROGRAM LOCATION: New Orleans	
PHONE NUMBER: 504-496-0212		SERVICES MONTH: Feb-18	DATE: 3/8/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)		Total TANF Eligible Clients Served
Pregnancy Testing		2
New clients who took a pregnancy test and commit to full-term pregnancy		
Pregnancy Retest		
Returning clients who retested		
Adoption Education and commit to full-term pregnancy counseling or informational sessions		
Male-Adoption Education		
Abortion Prevention Education counseling or informational sessions		
Male-Abortion Prevention Edu.		
Abstinence Education counseling or informational sessions	2	
Male-Abstinence Education		
Parenting Information counseling or informational sessions	2	
Male-Parenting Information		

REFERRALS (1/2 Point)		Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	0	0		
2 Adult Education/GED	0	0		
3 Employment	0	0		
4 Food/Clothing	0	0		
5 Housing	0	0		
6 Medicaid (NOT certified opp. centers)	1	0		
7 OB/GYN	1	0.5		1
8 PreMarital/Marriage Counseling	0	0		
9 Professional Counseling	0	0		
10 Rape Crisis Center	0	0		
11 Rent/Utilities	0	0		
12 SNAP/FTAP	0	0		
13 STD/HIV Testing		0		
14 WIC	2	1		1
15 Public Assistance		0		
OTHER SERVICES (2 points)		Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (classes x total # participants)		0		
Male Prenatal/Parenting Classes (classes x total # participants)		0		
Follow Up - Pregnancy Decisions		0		
Follow Up - Pregnancy Outcomes		0		
TOTAL SERVICES		9		3
TOTAL POINTS		6		1.5
				3
TOTAL				12
				10.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: FEBRUARY 2018

Subcontractor: Women's Help Center		
	Points	Dollar Amount
Client Service Points / Amount	189	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$2,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's Help Center	PROGRAM NAME: Louisiana Alliance for Life		
CONTACT NAME:	Pat Brown	PROGRAM LOCATION: Baton Rouge		
PHONE NUMBER:	225-359-9001	SERVICES MONTH:	Feb-18	DATE: 3/6/2018

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
Pregnancy Testing	16
New clients who took a pregnancy test and commit to full-term pregnancy	14
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	15
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	16
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	15
Male-Abstinence Education	
Parenting Information counseling or informational sessions	12
Male-Parenting Information	

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED	1	0.5	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicald (NOT certified app. centers)		0	
7 OB/GYN	12	6	10
8 PreMarital/Marriage Counseling	1	0.5	4
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	4	2	5
14 WIC	10	5	8
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	18	36	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	6	12	
Follow Up - Pregnancy Outcomes	6	12	
TOTAL SERVICES	146		27
TOTAL POINTS	88	74	27

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Women's Help Center	Services Month: 1-Feb	Date: March 5 2017
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PARENTING/PRENATAL CLASSES

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)
For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
2/26/2018	The Second Trimester 3.1	17-12585	
2/27/2018	Sids 3.4	17-12585	
2/27/2018	Shaken Baby Syndrone 8.5	17-12585	
2/27/2018	The Second Trimester 3.1	18-12631	
2/6/2018	Fetal Development 1.5	17-12595	
2/6/2018	Your Changing Body 2.5	17-12595	
2/19/2018	The Second Trimester 3.1	17-12595	
2/26/2018	Sids 3.4	17-12595	
2/26/2018	Shaken Baby Syndrone 8.5	17-12595	
2/8/2018	Prenatal Care 1.2	18-12603	
2/8/2018	Eating for two 1.3	18-12603	
2/13/2018	What's Safe What's Not 2.3	18-12603	
2/21/2018	Your Changing Body 1.5	18-12603	
2/21/2018	Changing Body 2.5	18-12603	
2/28/2018	Second Trimester 3.1	18-12603	
2/5/2018	The First Trimester	16-12177	
TOTALS			

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Women's Help Center	Services Month: 1-Feb	Date: March 5 2017
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PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Chart # or Total #of TANF Eligible Participants	Total #Male Partner/Spouse Participants
2/7/2018	Prenatal Care 1.2	16-12177	
2/7/2018	Eating for two 1.2	16-12177	
TOTALS			

LOUISIANA

Alliance for Life

Monthly Report Approval

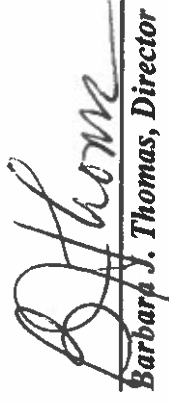
Month: FEBRUARY 2018

Subcontractor: Life Choices of NC Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	403.5	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid		>>>> \$3,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: Life Choices of North Central Louisiana		PROGRAM NAME: Louisiana Alliance for Life	
CONTACT NAME: Kathleen Richard, LMSW		PROGRAM LOCATION: Ruston, LA	
PHONE NUMBER: 318-255-7377	SERVICES MONTH: Feb-18	DATE: 3/5/2018	
Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.			

ELIGIBLE SERVICES (1 point)		Total TANF-Eligible Clients Served
Pregnancy Testing		20
New clients who took a pregnancy test and commit to full-term pregnancy	11	
Pregnancy Retest	0	
Returning clients who retested and commit to full-term pregnancy	0	
Adoption Education counseling or informational sessions	12	
Male-Adoption Education	2	
Abortion Prevention Education counseling or informational sessions	14	
Male-Abortion Prevention Edu.	2	
Abstinence Education counseling or informational sessions	12	
Male-Abstinence Education	2	
Parenting Information counseling or informational sessions	54	
Male-Parenting Information	10	

REFERRALS (1/2 Point)		Total TANF-Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
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OTHER SERVICES (2 points)		Total TANF-Eligible Clients	Services Points	
1 Adoption Agency		3	1.5	1
2 Adult Education/GED		5	2.5	2
3 Employment		5	2.5	2
4 Food/Clothing		5	2.5	1
5 Housing		4	2	1
6 Medicaid (NOT certified opp. centers)		16	8	9
7 OB/GYN		19	9.5	13
8 PreMarital/Marriage Counseling		3	1.5	
9 Professional Counseling		3	1.5	
10 Rape Crisis Center		0	0	
11 Rent/Utilities		0	0	
12 SNAP/FTAP		2	1	
13 STD/HIV Testing		16	8	11
14 WIC		12	6	6
15 Public Assistance		1	0.5	
TOTAL SERVICES		316	220.5	44
TOTAL POINTS		139	44	403.5

VITAMIN ANGELS INVENTORY			
MUST BE COMPLETED MONTHLY			
Date	Beginning Inventory	# Clients Served	Amount Distributed
n/a			
			Amount Remaining

Services Reimbursement	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200
Total Monthly Points	

This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf of a book. The paper has a slightly textured appearance with some minor creases and discoloration, characteristic of old paper. The left edge of the page is bound, and the overall tone is a warm, off-white or light beige.

Subcontractor Life Choices of North	February 2018	Date: 3/1/2018
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PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Prenatal/Prenatal Attendance forms (group & individual)

For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For

PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Prenatal/Prenatal Attendance forms (group & individual)

For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For

Date	Topic	Chart # or Total #of	Total #Male
2/6/18 @ 3:30	Newborn Care by Amanda Russell	2	1
2/13/18 @ 3:30	Breast Feeding by Amanada Russell	3	1
2/20/18 @ 3:30	SIDS and Abusive Head Trauma by Amanada Russell	3	1
2/27/18 @ 3:30	Newborn Care by Beth Foster	3	1
2/6/18 @ 6:00	Newborn Care by Allie Young	3	3
2/13/18 @ 6:00	Let's Eat for the Health of it by Cathy Judd	5	2
2/20/18 @ 6:00	Dental Health by John Ward, DDS	3	6
2/27/18 @ 6:00	Little Helpers Agency by Kim Robinson	6	6
TOTALS		28	21

Subcontractor: Life Choices of North Central La	Services Month: Feb-18	Date: 3/5/2017
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COMMUNITY OUTREACH ACTIVITIES	
Date	Description
	<i>i.e. health fairs, speaking engagements, walks for life, etc.</i>

2/14/2018	Spoke to Liberty Baptist Church in Marion, La. Approximately 40 in attendance.
2/20/2018	"Burgers and Bros" event for men's dorms at Louisiana Tech University. Approximately 50 in attendance.
2/28/2018	Women's Bible Study Group, The Bridge Church. Tour. Approximately 10 in attendance.

[illegible]

